



## AGENDA ITEM 7.4

### TOPIC: After-Hours Veterinary Care

#### Overview

The College is proposing the development of regulation language related to the provision of after-hours veterinary care as permitted by Section 93 (1) 23 of the *Veterinary Professionals Act, 2024*.

#### Relevant Sections

An overview of the relevant sections of legislation, regulation, by-law, and policy related to the provision of after-hours veterinary care (both current and future) has been attached to this cover sheet as Appendix “A”.

#### History of College Work Related to After-Hours Veterinary Care

##### Current Framework

Section 20 of Regulation 1093 made under the *Veterinarians Act* requires veterinarians to provide reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have recently treated or treat regularly. In addition to this overarching requirement, Section 20 also states that a veterinarian:

- can provide these services themselves or by referral to another veterinarian;
- is responsible for promptly continuing to provide medically necessary services to an animal after discharge from an emergency clinic; and
- is responsible for informing their clients about their after-hours veterinary care arrangements.

The College’s *Policy Statement: After-Hours Care Services* provides additional detail and guidance related to the provision of after-hours veterinary care services, including information related to its interconnectivity with the veterinarian-client-patient relationship (VCPR), the importance of establishing agreed-upon referral arrangements, and how to manage unforeseen circumstances.

##### Inclusion in Legislative Reform

The College’s 2018 Concept Paper entitled “Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario” contained several recommendations related to the creation of a



new statutory and regulatory framework. As part of this proposal, the Concept Paper indicated the need to continue to adhere to ongoing public expectations related to the practice of veterinary medicine, including the importance of ongoing accountability and accessibility of needed services.

## **Additional Conversation and Research**

Since the Concept Paper was developed in 2018, the College has undertaken additional research and outreach related to the provision of after-hours veterinary care including:

- Engaging in conversation at the Canadian Council of Veterinary Registrars leading to the development of a national statement related to the provision of after-hours veterinary care;
- Updating policies related to the VCPR and telemedicine to help better illustrate professional expectations and options for service delivery; and
- Leading conversations on the future of the delivery of veterinary medicine inclusive of potential innovative solutions for current issues.

In addition to this work, Legacy Council undertook a consideration of what other approaches and/or methods may be useful in addressing concerns related to after-hours veterinary care. In particular, Legacy Council sought to:

- Better identify and understand the current issues associated with the provision of after-hours veterinary care;
- Seek solutions from both the profession and the public;
- Encourage innovation to increase options for delivery;
- Remove barriers to potential care models whenever possible; and
- Manage public expectations while still upholding professional responsibilities.

## **After-Hours Veterinary Care Taskforce**

Based on these objectives, in March 2023, Legacy Council approved the formation of the After-Hours Veterinary Care Taskforce to:

- Identify current and emerging patterns in the provision of after-hours veterinary care in Ontario that present challenges for access to care, veterinary wellness, and facility accreditation;
- Better understand the issues related to the expectations of after-hours veterinary care; and
- Provide direction to Legacy Council on possible solutions to identified challenges.



The Taskforce held seven (7) meetings from July 2023 to October 2024 and focused on:

1. Identifying how after-hours veterinary services are currently delivered in Ontario, in keeping with current College expectations and while appreciating the differences that may exist between different locations, species, and practice types;
2. Developing a list of identified issues with existing and emerging methods of meeting the after-hours veterinary care expectations and broadly considering the impact of these options on the veterinarian, the patient, and the client; and
3. Compiling a list of potential solutions and their associated pros and cons for consideration in next steps.

The meetings of the Taskforce were extremely productive and informative with all members taking opportunities to share their own knowledge and experiences. In particular, the Taskforce strived to build upon the work completed within each meeting and sought several opportunities to ensure that their discussions were both well-rounded and risk focused.

This work resulted in the development of a set of recommendations, attached to this cover sheet as Appendix “B”.

## Presentation to Legacy Council

The recommendations of the After-Hours Veterinary Care Taskforce were presented to Legacy Council in December 2024.

For more information on what was presented to Legacy Council, please refer to the documents attached to the end of this agenda item as “**reference material**”.

Upon review, Legacy Council noted their support for the recommendations and accepted them as presented. Legacy Council also directed that the recommendations be forwarded to Transition Council for its review and use in the development of a regulatory concept related to after-hours veterinary care.

## Previous Conversation at the Transition Council Table

In December 2024, Transition Council engaged in thoughtful and innovative conversation related to potential future models for the practice of veterinary medicine in Ontario. This included brief conversation related to the future of after-hours veterinary care and how it may be delivered in the future.

Based on this feedback, College staff conducted further analysis (including additional review of potential options under the *Veterinary Professionals Act, 2024*, review of the recommendations from the After-Hours Care Taskforce and conversations with the College’s legal team) and incorporated these findings into the current proposed concept.



## Concept

A draft concept (attached to this cover sheet at Appendix “C”) has been developed to support Transition Council’s work related to after-hours veterinary care. In particular, the draft concept speaks to the proposed inclusion of:

### 1. Ongoing After-Hours Requirements

Section 20 of Regulation 1093 made under the *Veterinarians Act* currently outlines the requirements for a veterinarian to provide after-hours veterinary care including that a veterinarian is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have treated recently or treat regularly. The draft concept proposes a continuation of these requirements.

### 2. Enhanced Wording Related to After-Hours Veterinary Care Arrangements

The draft concept proposes that a veterinarian member remain able to rely on the referral of after-hours veterinary care services to another veterinarian member and/or accredited veterinary facility (not just emergency facilities). The draft concept also proposes this wording be enhanced to provide clarity that this is only permissible when the referring veterinarian member has made a specific agree-upon arrangement with the veterinarian member and/or accredited veterinary facility that they are referring to.

### 3. Clarity Around Discharge Responsibilities

The draft concept proposes that wording be included in the regulation that make its clearer that a referring veterinarian member’s responsibility related to providing care upon discharge applies to all after-hours veterinary care arrangements regardless of the type of veterinarian member and/or accredited veterinary facility referred to.

## Note on Delivery of Care

The regulatory concept proposes that the provision of after-hours veterinary care remain a veterinarian member responsibility. This does not preclude veterinary technician members from also assisting in the delivery of this care through accredited veterinary facilities including through the use of initiation and orders.

## Discussion

The draft regulatory concept related to after-hours veterinary care is now being presented to Transition Council for its review and discussion related to next steps. To aid in this discussion, Transition Council is encouraged to consider the following questions:

- Is there anything unclear or missing?
- Does the draft concept seem logical?

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- Does the draft concept raise any concerns?
- Does the draft concept raise any thoughts or considerations related to unintended consequences?

Attachments

1. Appendix A – Relevant Sections of Legislation, Regulation, By-Law and Policy – After-Hours Veterinary Care
2. Appendix B – Recommendations of the After-Hours Veterinary Care Taskforce
3. Appendix C – Draft Concept – After-Hours Veterinary Care
4. Reference Material – Items Presented to Legacy Council in December 2024

## After-Hours Veterinary Care

### Relevant Sections of Legislation, Regulation, By-Law, and Policy

#### **Current Framework Under the *Veterinarians Act***

**3** (1) The principal object of the College is to regulate the practice of veterinary medicine and to govern its members in accordance with this Act, the regulations and the by-laws in order that the public interest may be served and protected.

Idem

(2) For the purpose of carrying out its principal object, the College has the following additional objects:

1. To establish, maintain and develop standards of knowledge and skill among its members.
2. To establish, maintain and develop standards of qualification and standards of practice for the practice of veterinary medicine.
3. To establish, maintain and develop standards of professional ethics among its members.
4. To promote public awareness of the role of the College.
5. To perform such other duties and exercise such other powers as are imposed or conferred on the College under any Act.

Regulations

**7** (1) Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations with respect to the following matters:

8. Prescribing and governing standards of practice for the profession.

#### **Current Framework Under Regulation 1093**

**20.** (1) A member is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that he or she has recently treated or that he or she treats regularly. R.R.O. 1990, Reg. 1093, s. 20 (1).

(2) The services required under subsection (1) may be provided by the member or an associate or by referral to another member who has agreed to cover the referring member's practice. R.R.O. 1990, Reg. 1093, s. 20 (2).

(3) If a member provides services under subsection (1) outside of regular practice hours by referring an animal to an emergency clinic, the member is responsible for promptly continuing to provide medically necessary services to the animal after discharge from the emergency clinic until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member. R.R.O. 1990, Reg. 1093, s. 20 (3).

(4) A member shall inform each of his or her clients as to how they can access services outside of the member’s regular practice hours. O. Reg. 233/15, s. 14.

(5) If a member changes the arrangements for accessing services outside of the member’s regular practice hours, he or she shall promptly inform his or her clients of the changes. O. Reg. 233/15, s. 14.

(6) The member shall keep records of every time information is provided under subsections (4) and (5). O. Reg. 233/15, s. 14.

(7) If an animal is to be left in a veterinary facility after regular practice hours, the member treating the animal shall inform the client of supervision arrangements for that animal. O. Reg. 233/15, s. 14.

(8) This section does not apply to a member who provides veterinary services in or from a temporary facility unless compliance with this section is required as a condition to the certificate of accreditation of the temporary facility. O. Reg. 233/15, s. 14.

### **Current Framework in College Policy**

The College has the following policy document related to after-hours care:

[Policy Statement: After-Hours Care Services](#)

### **Future Framework under the *Veterinary Professionals Act, 2024***

Regulations, Council

**93** (1) Subject to the approval of the Lieutenant Governor in Council, the Council may make regulations,

23. prescribing and governing standards of practice of veterinary medicine and standards for veterinary facilities, including respecting standards for the use of technology in the practice of veterinary medicine, when technologies may be used and the manner and circumstances in which they may be used;

#### Schedule 1 Authorized Activities

### **Authorized activities**

**1** The following are authorized activities for the purposes of the Act:

1. Communicating to an individual a diagnosis identifying a disease, disorder, dysfunction or condition as the cause of an animal’s signs and presentation in circumstances in which it is reasonably foreseeable that the individual will rely on the diagnosis.

2. Performing a medical assessment to determine the fitness for purpose or soundness of an animal, or group of animals, on which it is reasonably foreseeable that a person or organization will rely on the assessment.

3. Ordering laboratory tests on an animal or on specimens taken from an animal.
4. Prescribing a drug.
5. Compounding, dispensing or selling a drug.
6. Performing a procedure on tissue below the dermis.
7. Performing a procedure below the surface of a mucous membrane.
8. Performing a procedure on or below the surfaces of the teeth, including the scaling of teeth and occlusal equilibration.
9. Performing a procedure on or below the surface of the cornea.
10. Setting, immobilizing or casting a fracture of a bone or a dislocation of a joint or a severed tendon.
11. Administering a substance by injection or inhalation, or monitoring of such injection or inhalation.
12. Moving the joints of the spine beyond the animal's usual physiological range of motion using a fast, low amplitude thrust.
13. Putting an instrument, arm, hand or finger,
  - i. beyond the external ear canal,
  - ii. beyond the point in the nasal passages where they normally narrow,
  - iii. beyond the larynx,
  - iv. beyond the opening of the urethra,
  - v. beyond the labia majora,
  - vi. beyond the anus or cloaca, or
  - vii. into any other natural or artificial opening into the body.
14. Applying or ordering the application of a prescribed form of energy.
15. Performing upon an animal any manual procedure for the diagnosis or treatment of pregnancy, sterility or infertility, inclusive of ova and embryo transfer.
16. Performing allergy testing.
17. Such other authorized activities as may be prescribed.

### **Exceptions**

**2** The following are exceptions for the purposes of sections 10 and 11 of the Act:

1. Rendering first aid or temporary assistance in an emergency without fee.



2. Treating an animal if the person is the owner of the animal, is a member of the household of the owner of the animal or is employed for general agricultural or domestic work by the owner of the animal.
3. The administration of a treatment plan by a custodian of an animal if the treatment plan is made by a veterinarian member and carried out at the direction of the owner.
4. Taking blood samples.
5. Preventing or treating fish and invertebrate diseases or pests in fish or invertebrates.
6. Such other exceptions as may be prescribed.

**Same**

**3** The following are exceptions for the purposes of section 10 of the Act:

1. Collecting or using semen as part of a business that engages in the artificial insemination of livestock.
2. Implantation of embryos as part of a business that engages in the artificial insemination of livestock.
3. Confirmation of pregnancy in domesticated farm animals of the genus ovis or capra through ultrasound conducted on the surface of the skin.
4. Confirmation of pregnancy in livestock through blood or milk analysis as part of a business.
5. Administration of heat synchronisation injections to livestock as part of a business that engages in the artificial insemination of livestock.
6. Collecting or transporting ova and embryos of animals other than mammals.
7. Non-surgical insemination.
8. Artificial insemination of invertebrates.
9. Such other exceptions as may be prescribed.

## After-Hours Veterinary Care Taskforce Recommendations

### **Regulation Under the *Veterinary Professionals Act, 2024***

The Taskforce recommends the following items related to Regulation language to be developed under the *Veterinary Professionals Act, 2024*:

1. That the current language contained in Section 20 of Regulation 1093 related to the provision of after-hours veterinary care carry forward under the new regulatory framework unless otherwise specifically stated within these recommendations.

For reference:

**20.** (1) A member is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that he or she has recently treated or that he or she treats regularly. R.R.O. 1990, Reg. 1093, s. 20 (1).

(2) The services required under subsection (1) may be provided by the member or an associate or by referral to another member who has agreed to cover the referring member's practice. R.R.O. 1990, Reg. 1093, s. 20 (2).

(3) If a member provides services under subsection (1) outside of regular practice hours by referring an animal to an emergency clinic, the member is responsible for promptly continuing to provide medically necessary services to the animal after discharge from the emergency clinic until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member. R.R.O. 1990, Reg. 1093, s. 20 (3).

(4) A member shall inform each of his or her clients as to how they can access services outside of the member's regular practice hours. O. Reg. 233/15, s. 14.

(5) If a member changes the arrangements for accessing services outside of the member's regular practice hours, he or she shall promptly inform his or her clients of the changes. O. Reg. 233/15, s. 14.

(6) The member shall keep records of every time information is provided under subsections (4) and (5). O. Reg. 233/15, s. 14.

(7) If an animal is to be left in a veterinary facility after regular practice hours, the member treating the animal shall inform the client of supervision arrangements for that animal. O. Reg. 233/15, s. 14.

(8) This section does not apply to a member who provides veterinary services in or from a temporary facility unless compliance with this section is required as a condition to the certificate of accreditation of the temporary facility. O. Reg. 233/15, s. 14.

2. That the current language in Section 20 (2) be amended to make it clearer that a veterinarian member is required to have a specific, agreed-upon arrangement with at least one veterinarian member and/or accredited facility when referring the provision of after-hours veterinary care.
3. That the current language in Section 20 (3) be amended to make it clearer that a referring veterinarian member's responsibility related to care upon discharge applies to all after-hours veterinary care arrangements.

**In Policy Developed Under the *Veterinary Professionals Act, 2024***

The Taskforce recommends the following items related to College Policy be developed under the *Veterinary Professionals Act, 2024*:

1. That College Policy confirm that the responsibility for the provision of after-hours veterinary care remains with the veterinarian member who provided care either recently or regularly to the animal(s) or group of animals.
2. That College Policy require Facility Directors to confirm and oversee the after-hours veterinary care approach(es) that are taken at their accredited facility, inclusive of any telemedicine methods used.
3. That College Policy clarify what is meant by “reasonably prompt” and “medically necessary” within the regulatory requirements as well as enable and support a veterinarian member’s ability to use their professional judgement in determining whether these thresholds have been met.
4. That College Policy clarify that care of an animal(s) or group of animals returns to the veterinarian member who provided care either recently or regularly if other after-hours veterinary care arrangements are or have become unavailable and that this requirement be based on reasonable feasibility.

**In College Guidance Developed Under the *Veterinary Professionals Act, 2024***

The Taskforce recommends the following item related to College Guidance to be developed under the *Veterinary Professionals Act, 2024*:

1. That the College develop guidance materials to support both the public and profession in understanding the concepts contained in Policy Recommendation #3.

Concept Chart - After-Hours Veterinary Care

Section	Primary Concepts Confirmed by Council	Additional Information	Date of Confirmation
<p>This column outlines the specific section of regulation.</p>	<p>This column provides a description of the objectives sought and the associated reasoning.</p>	<p>This column provides any additional specific information required to ensure clarity.</p>	<p>This column outlines when Transition Council confirmed the concept as well any additional questions raised.</p>
<p>After-Hours Veterinary Care</p>	<p><b>General</b></p> <p>Transition Council proposes the development of regulation language related to after-hours veterinary care in accordance with Section 93 (1) 23 of the <i>Veterinary Professionals Act, 2024</i>.</p> <p><b>Purpose</b></p> <p>The College of Veterinary Professionals of Ontario (CVPO) will be responsible for providing overarching requirements for the practice of veterinary medicine in Ontario.</p> <p><b>Overview</b></p> <p>The public expects that they will be able to access timely and needed after-hours veterinary care services from veterinary professionals with whom they have formed a veterinarian-client-patient relationship (VCPR).</p> <p><b>Ongoing After-Hours Care Requirements</b></p> <p>Section 20 of Regulation 1093 made under the <i>Veterinarians Act</i> currently outlines the requirements for a veterinarian to</p>	<p>Transition Council proposes that the provision of after-hours veterinary care remain a veterinarian member responsibility. This does not preclude veterinary technician members from also assisting in the delivery of this care through accredited veterinary facilities including through initiation and/or under a veterinarian member's order.</p>	<p>Transition Council confirmed the regulatory concept related to veterinary after-hours care in January 2025.</p>

Section	Primary Concepts Confirmed by Council	Additional Information	Date of Confirmation
	<p>provide after-hours veterinary care including that a veterinarian is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have treated recently or treat regularly. Transition Council proposes the development of regulation language that continues these requirements.</p> <p><b>Enhanced Wording Related to After-Hours Veterinary Care Arrangements</b></p> <p>Transition Council proposes the development of regulation language that continues to permit a veterinarian member to rely on the referral of after-hours veterinary care services to another veterinarian member and/or accredited veterinary facility (not just emergency facilities). Transition Council proposes that this wording be enhanced to provide clarity that this is only permissible when the referring veterinarian member has made a specific agreed-upon arrangement with the veterinarian member and/or accredited veterinary facility that they are referring to.</p> <p><b>Clarity Around Discharge Responsibilities</b></p> <p>Transition Council proposes the development of regulation language that makes it clearer that a referring veterinarian member’s responsibility related to providing care upon discharge applies to all after-hours veterinary care arrangements regardless of the type of veterinarian member and/or accredited veterinary facility referred to.</p>		

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### Reference Material

The following documents have been attached to this agenda item to provide reference to documents previously included in Transition Council packages. The documents contained in this reference section are presented for information only and are not currently for debate.

**Reference One** – Briefing Note Presented to Legacy Council in December 2024.

**Reference Two** – Discussion Paper – The Regulation of Veterinary Medicine and its Connection to the Social Contract: How Understanding the Past May Influence the Future of After-Hours Veterinary Care.



## BRIEFING NOTE

### After-Hours Veterinary Care and the Work of the Taskforce

#### **PART A: Introduction**

##### **Issue Definition**

Members of the College of Veterinarians of Ontario (College) have long been required under Section 20 of Regulation 1093 made under the *Veterinarians Act* to provide reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have treated recently or treat regularly. They have also been required under Section 33 (1) (d) of Regulation 1093 to be readily available in case of adverse reactions to a drug they have prescribed or a failure of the regimen of therapy.

The provision of these services has been collectively referred to as after-hours veterinary care.

In addition to these regulatory requirements, the College has had a *Policy Statement: After-Hours Care Services* that has served as guidance on fulfilling these requirements since July 2019.<sup>1</sup>

Over the last several years the College has received feedback from both the public and the profession related to concerns surrounding the provision of after-hours veterinary care. These include:

<b>Public</b>	<b>Profession</b>
<ul style="list-style-type: none"> <li>• Lack of access to regular veterinary services.</li> <li>• Lack of access to emergency veterinary services.</li> <li>• Need to travel long distances in order to obtain care.</li> <li>• High costs associated with care.</li> <li>• Being turned away at emergency facilities that they have been referred to by their regular veterinarian.</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns related to work-life balance.</li> <li>• Toll of the pandemic and its lasting effects on demand.</li> <li>• Burnout and mental health consequences.</li> <li>• Trouble finding after-hours care coverage.</li> <li>• Improper and/or overuse of referrals.</li> <li>• Emergency facilities operating over capacity.</li> <li>• Emergency facilities closing over staffing.</li> <li>• Improper use of after-hours veterinary care services (including referrals during regular working hours).</li> <li>• Unrealistic public expectations.</li> </ul>

<sup>1</sup> The College has also had several other likeminded policies in the past, but the July 2019 document reflects the most recent review of the topic by Legacy Council.

## After-Hours Veterinary Care – Reference One

These concerns were heightened during the pandemic which also led to an increase in effects on both demand and perceptions.

The College has been cognizant of these concerns for several years and has engaged in several actions focused on developing right-minded solutions. This has included:

- Engaging in conversations at the Canadian Council of Veterinary Regulators leading to the development of a national statement related to the provision of after-hours veterinary care;
- Updating policies related to the veterinarian-client-patient relationship (VCPR) and telemedicine to help better illustrate professional expectations and options for service delivery; and
- Leading conversations on the future of the delivery of veterinary medicine inclusive of potential innovative solutions for current issues.

In addition to this work, Legacy Council undertook in 2023 a consideration of what other approaches and/or methods may be useful in addressing concerns related to after-hours veterinary care. In particular, Legacy Council sought to:

- Better identify and understand the current issues associated with the provision of after-hours veterinary care;
- Seek solutions from both the profession and the public;
- Encourage innovation to increase options for delivery;
- Remove barriers to potential care models whenever possible; and
- Manage public expectations while still upholding professional responsibilities.

Based on these objectives, in March 2023, Legacy Council approved the formation of the After-Hours Veterinary Care Taskforce to:

- Identify current and emerging patterns in the provision of after-hours veterinary care in Ontario that present challenges for access to care, veterinary wellness, and facility accreditation;
- Better understand the issues related to the expectations of after-hours veterinary care; and
- Provide direction to Legacy Council on possible solutions to identified challenges.

The Taskforce has completed this work and Legacy Council is now tasked with reviewing its findings, inclusive of specific recommendations, and determining next steps.

### Public Interest Rationale

Public interest is grounded in the provision of safe, competent, and informed veterinary care. Public access to this care is paramount. Accessibility will vary depending on the circumstances of an owner(s) and/or animals, as well as the skills, knowledge, and availability of the veterinary providers. A veterinarian and a veterinary team's ability to identify and work with these circumstances will also affect the availability of care options. The public interest is best served when the delivery of veterinary care is designed to serve as many individuals and/or animals as



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possible, as long as risk of harm or potential harm to animals, clients, and veterinary providers is still appropriately managed.

*Are there other elements that Legacy Council should consider regarding its mandate relative to the issue?*

### Analysis of Risk

There is always a risk of harm or potential harm to animals when the public is unable to access safe and timely veterinary care. This risk becomes more acute the longer an animal is required to wait, especially in urgent situations.

Veterinarians and their teams, in general, seek to serve as many clients and animals as possible. There is growing recognition amongst the public and the profession, however, that traditional care models are becoming increasingly unsustainable and/or inefficient. When tied in with the veterinary shortage and increasing public expectations, it is clear that innovative and adaptive solutions are required to ensure ongoing access.

The well-being of veterinarians and their teams is also an important factor. Increasing demands for access to veterinary care can take a tremendous toll on those who provide it, and it is important to recognize the need for solutions that help to create the balance necessary for ensuring the health and longevity of practitioners while still upholding the profession's responsibilities related to the provision of veterinary care.

### Strategic Focus

Work related to after-hours veterinary care is reflected in two sections of Strategy 2026:

**Strategic Objective:** Championing Legislative Reform to Affirm an Agile Future

**Year Two Tactic:** To support the Transition Council in assuming its role and oversight of the regulation agenda.

**Year Two Tactic:** To support the Legacy Council under the existing Act to manage completion of member matters and any outstanding policy decisions.

**Strategic Objective:** Partnering for Improved Access to Veterinary Services

**Year Two Tactic:** To consider continued leadership opportunities to partner and influence discussions and actions on new models of veterinary care delivery, team-based care, and spectrum of case options to improve access.

## **PART B: Background**

### Relevant Background

#### Formation and Process of the Taskforce

Based on the direction received from Legacy Council in March 2023, the College proceeded with the formation of an After-Hours Veterinary Care Taskforce. Membership of this Taskforce was approved by the Executive Committee and included:

## After-Hours Veterinary Care – Reference One

1. Two veterinarians working in small animal medicine;
2. Two veterinarians working in large animal/mixed animal medicine;
3. One veterinarian working in equine medicine;
4. One veterinarian working in emergency medicine;
5. One RVT working in small animal medicine;
6. One RVT working in large animal/mixed animal/equine medicine; and
7. One RVT working in emergency medicine.

There were additional requirements for the veterinarian members included the need for:

1. One veterinarian who worked in a hospital;
2. One veterinarian who worked in a clinic;
3. One veterinarian who worked from a mobile facility;
4. One veterinarian who was an owner and/or facility director; and
5. One veterinarian who was a locum.

The Taskforce also included a representative from Legacy Council, a representative from the Ontario Veterinary Medical Association, and a representative from the Ontario Association of Veterinary Technicians.

The Taskforce held seven (7) meetings from July 2023 to October 2024 and focused on:

1. Identifying how after-hours veterinary services are currently delivered in Ontario, in keeping with current College expectations and while appreciating the differences that may exist between different locations, species, and practice types;
2. Developing a list of identified issues with existing and emerging methods of meeting the after-hours veterinary care expectations and broadly considering the impact of these options on the veterinarian, the patient, and the client; and
3. Compiling a list of potential solutions and their associated pros and cons for consideration in next steps.

The meetings of the Taskforce were extremely productive and informative with all members taking opportunities to share their own knowledge and experiences. In particular, the Taskforce strived to build upon the work completed within each meeting and sought several opportunities to ensure that their discussions were both well-rounded and risk focused.

This approach proved successful and provided the basis for the creation of the Taskforce's recommendations.

### **Stakeholder Needs and Preferences**

The public seeks safe and competent veterinary care for their animals. While the type of care sought may be different, it is reasonable to assume that the public seeks accessible care that is adaptable to their needs and circumstances.

Veterinarians seek to provide veterinary care that is in line with regulatory requirements. Veterinarians also seek reassurance about their ability to adapt and adjust the ways in which they practice. Minimum standards of practice are required to ensure public safety, but

## After-Hours Veterinary Care – Reference One

veterinarians should also be assured of their ability to use their own skills, knowledge, and judgement to determine care options for each animal with which they are presented.

Veterinary teams require the ability to grow and adapt to ensure that the skillsets they possess are fully engaged and valued. Veterinarians need to be able to rely on other veterinary professionals, such as registered veterinary technicians (RVTs) to provide support and to allow them to assist in providing care whenever possible.

In general, all parties require cooperation and communication amongst them to ensure a progressive and sustainable future for the delivery of veterinary medicine.

### Data

The College consistently receives inquiries related to after-hours veterinary care every quarter. In the last quarter alone, the College has received 16 questions related to this topic with the following breakdown:

- 50% of questions were asked by members of veterinary teams (non-veterinarian staff);
- 31% of questions were from veterinarians;
- 13% of questions were from members of the public; and
- 6% were from other sources, such as humane societies.

The majority of these questions related to either the provision of or access to after-hours veterinary care services.

### Environment

The topic of access to veterinary care, including access to after-hours veterinary care, remains one of the most prominent discussions occurring in the regulation of veterinary medicine. The College regularly hears themes related to access to care in the different conversations that it has with both the public and the profession, including in several working groups, committee meetings, and at the Committee Reference Panels. Access to veterinary care is also a common topic within both mainstream and social media.

Access to care issues are not limited to one species, scope of practice, or geographical location. Issues are being raised in all areas of practice in all parts of the province. The requests for a solution have been numerous, and the demand is only increasing.

The introduction of the *Veterinary Professionals Act, 2024* in Ontario also brings with it a changing environment that allows for the creation of more pathways for innovation and adaptation. Not all requirements will change, however it remains vitally important to consider what changes may be possible while still upholding the public interest.

### Broad Legal Advice

Legacy Council's decision is a policy matter and does not require legal advice at this time.

## **PART C: Analysis**

### **Analysis**

In the development of its recommendations, the After-Hours Veterinary Care Taskforce undertook the creation of an in-depth analysis paper that outlines its considerations related to the provision of after-hours veterinary care in Ontario. In particular, this paper sought to outline the history of professional requirements related to the provision of after-hours veterinary care and to identify several areas of contemplation in developing proposed solutions.

In recognition of this work, this paper has been attached to the cover sheet as Appendix “B” for Legacy Council’s review.

### **Recommendations**

A list of recommendations was developed by the After-Hours Veterinary Care Taskforce based on the concepts outlined in its analysis paper and the subsequent conversations they provoked.

In particular, the After-Hours Veterinary Care Taskforce recognized the current landscape of the regulation of veterinary care in Ontario and sought to develop recommendations that could help to inform the modernization of the profession under the *Veterinary Professionals Act, 2024* in three ways:

1. Through the development of regulation language;
2. Through the development of College policy; and
3. Through the development of College guidance.

A copy of these recommendations has been attached to the cover sheet as Appendix “C” for Legacy Council’s review and consideration.

### **Capacity**

Review and approval of the recommendations of the After-Hours Veterinary Care Taskforce remains within the capacity of the Legacy Council and does not require any additional staffing or budget allocations.

*Are there any other resource issues that need consideration?*

### **Opportunity for Collaboration**

The opportunities for collaboration associated with this work can be viewed in several layers.

#### **Layer One – Collaboration Between Legacy Council and Transition Council**

Should Legacy Council approve the recommendations set forth by the After-Hours Veterinary Care Taskforce, it will have the opportunity to direct that they be forwarded to the Transition Council for further consideration and use within its own work.

## After-Hours Veterinary Care – Reference One

### Layer Two – Collaboration Between Transition Council and the Council of the College of Veterinary Professionals of Ontario

Should Transition Council choose to incorporate the Taskforce’s recommendations into its own work, it will also have the opportunity to direct that they be forwarded to the Council of the College of Veterinary Professionals of Ontario for further consideration and use under the new statutory framework.

#### Measurement of Impact

As the recommendations of the After-Hours Veterinary Taskforce relate to work to be completed under the *Veterinary Professionals Act, 2024* it will be the responsibility of the new Council of the College of Veterinary Professionals of Ontario to measure its associated impacts.

#### Unintended Consequences

Unintended consequences can be separated into two categories – those that could occur if the recommendations are approved and those that could occur if they are denied:

Approved	Denied
<ul style="list-style-type: none"><li>• Recommendations are not accepted by Transition Council.</li><li>• Recommendations do not have intended outcomes related to increased clarity and understanding.</li><li>• Recommendations do not have intended outcomes related to increased options related to access.</li></ul>	<ul style="list-style-type: none"><li>• Current issues continue to grow without solution.</li><li>• Work becomes stagnant until new legislative framework is fully in place.</li></ul>

#### Options

Following discussion, Legacy Council may elect to:

Step One:

1. Direct that the Taskforce recommendations be approved as presented or amended;
2. Direct that the Taskforce recommendations be denied; or
3. Other.

If Legacy Council approves the recommendations as presented or amended, it may also elect to:

1. Direct that the Taskforce recommendations be forwarded to Transition Council for its use in regulation development; or
2. Other.

## **The Regulation of Veterinary Medicine and its Connection to the Social Contract: How Understanding the Past May Influence the Future of After-Hours Veterinary Care**

### **Introduction and Intentions**

The following paper has been developed by the College of Veterinarians of Ontario (“College”) to aid in its ongoing considerations related to the provision of after-hours veterinary care in Ontario. This paper is separated into several parts.

**Part A** focuses on the history of regulated professions and the concept of the social contract to help provide necessary background for current conversations.

**Part B** delves further into the relationship between the practice of veterinary medicine and the social contract to assist with profession-specific understanding.

**Part C** expands into specific aspects of the delivery of after-hours veterinary care in Ontario and the different factors that may have contributed to current concerns.

**Part D** outlines the different individuals who are affected by after-hours veterinary care and the different expectations that each hold both currently and for the future.

The intention of this paper is not to draw conclusions or suggest solutions. Instead, the information contained in this paper is designed to outline the current landscape and to spark conversation to aid in further development of potential next steps.

### **Part A – The History of Regulated Professions and the Social Contract**

#### **History of Self-Regulated Professions**

Self-regulated professions around the world, including veterinary medicine in Ontario, emerged in the nineteenth century because of a societal desire to increase access to and confidence in competent individuals providing professional services. During this century, professionals began to regulate themselves with the support of the government to manage the entry and conduct of professional practice. This was accomplished through a licensing process that relied on the status, title(s), and education that members of select professions already possessed. By regulating those who could enter and offer the services of a profession, self-regulation also made unlicensed practice illegal, further signalling to the public who could be trusted to provide safe and quality care.

Twentieth century changes to self-regulation saw an increase in the number of professionals seeking a place within this system. Customers and clients became key influences, and professions such as optometry and chiropractic began to emerge. During this time, many professions focused on restricting acts and specifying who could perform them. This approach to self-regulation proved successful in meeting public expectations at the time and continues to be the norm today.

#### **Public Interest and Public Choice**

Since their creation, self-regulated professions have been legally mandated to regulate in the public interest. The public interest is a multi-faceted concept that includes many different

## After-Hours Veterinary Care – Reference Two

aspects for all parties involved. For the profession, these include accountability, providing practicable access to the care or service they provide, and transparency related to the control over their practice. For the public, these include expectations of quality and ethical care, as well as reasonable consistency in the delivery of professional services. These elements when combined equal the public interest.

The creation of a self-regulated system focused on the public interest was not without associated costs. As modern society is inherently designed to ensure freedom whenever possible, a system based on the legal limitation of public choice requires a balance with ensuring that public needs are met. If the public can no longer choose whomever they wish to seek professional services from, then those who are granted access to practice the profession owe the public a higher level of service to compensate for the limitation on autonomy. This concept is known as the social contract, and it is one of the core principles of self-regulation.

<b>The Social Contract</b>	
<p><b>Definition:</b></p> <p>Traditional definitions of professionalism are built on the social contract between medicine and society, in which a profession is afforded a monopoly over its services, the use of discretion and autonomy in its practice, and self-regulation of its members, in return for pledges of altruism, self-servitude to its clients and patients, adherence to a code of moral conduct, and honesty and integrity in its practice.</p> <p style="text-align: right;">E. Armitage-Chan, J. Maddison, S.A. May (2016), page 1.</p>	
<b>Rewards</b>	<b>Costs</b>
<ul style="list-style-type: none"> <li>• Professional activities and use of title limited to those who prove competency.</li> <li>• Increased public trust.</li> <li>• Increased accountability.</li> <li>• Increased safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased expectations/demands on those who practice the profession.</li> <li>• Increased duty and burden of care.</li> </ul>

### What Happens if the Social Contract is Not Upheld?

The logic behind the concept of the social contract dictates that if the public is not receiving the benefits of legal limitations related to their choice in provider, then that choice should be returned to the free market (or at the very least – opened to other professions and/or individuals who are willing to step in and fill the demand). This means that a profession must actively work to uphold public expectations related to the delivery of their services or risk losing the privilege of controlling the ways in which they are offered.

## Part B – The Regulation of Veterinary Medicine and the Social Contract

### History of Why Veterinary Medicine is Regulated and the Associated Balance

The history of regulating the practice of veterinary medicine is rich. As one of the first professions regulated in Ontario, veterinary medicine’s intrinsic connections to food safety and transportation meant that society recognized early on the need for oversight of its practice. This included ensuring that those using the title “veterinarian” possessed the skills, knowledge, and judgement required to be considered competent, and that there were mechanisms in place to hold individuals accountable should standards not be met. Public safety was the primary objective and rules and regulations were put into place to facilitate the creation of an overarching system.

### How is the Social Contract Laid Out in Veterinary Medicine?

The social contract as a concept appears in many ways, both written and unwritten, including:

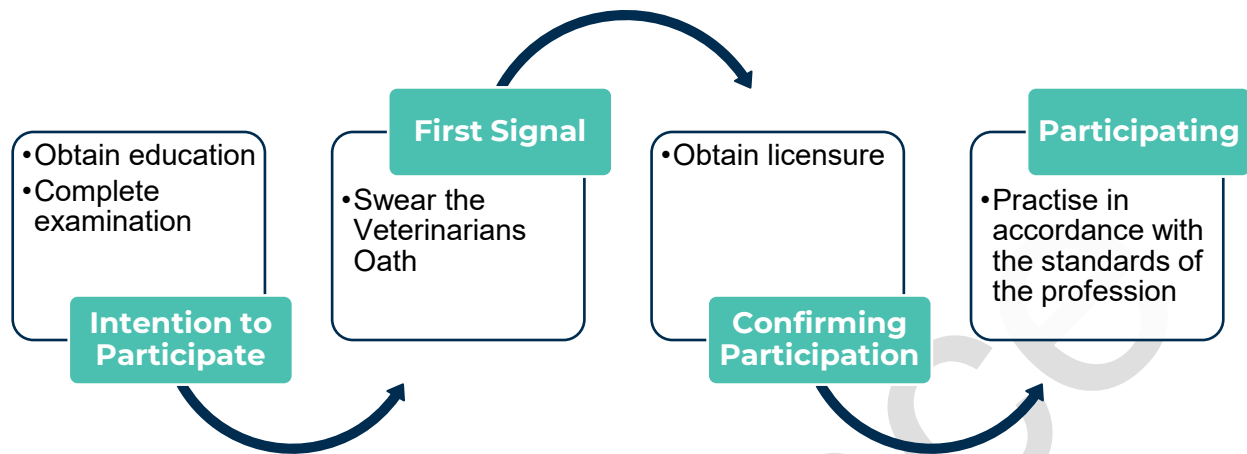
<b>In Law and Rules</b>	<b>In Ethics</b>
<ul style="list-style-type: none"> <li>• Act/Regulation/By-Law/Policy</li> <li>• Title protection</li> <li>• Scope of practice</li> <li>• Standards of practice</li> <li>• Professional misconduct</li> </ul>	<ul style="list-style-type: none"> <li>• Expectations for professionalism</li> <li>• Code of Ethics</li> <li>• Decision-making</li> </ul>
<b>In Society</b>	<b>In Relationship</b>
<ul style="list-style-type: none"> <li>• Community expectations</li> <li>• Client expectations</li> <li>• Professional reputation</li> </ul>	<ul style="list-style-type: none"> <li>• Veterinarian-client-patient relationship (VCPR)</li> <li>• Veterinarians Oath</li> </ul>

### How Do Veterinarians Enter into the Social Contract?

Though the nomenclature would suggest otherwise, the social contract is not a formal document that a veterinarian signs to accept the stated terms. Instead, it is an integrated, living concept that is intertwined in the process of obtaining licensure and is best visualized as a progressive undertaking:



## After-Hours Veterinary Care – Reference Two



To be clearer, when one enters the profession by obtaining a licence, they do so with a commitment to uphold the rules and responsibilities that come with the privilege of practising. This is the social contract as it relates to the practice of veterinary medicine, and it is an undertaking that applies to all veterinarians. The social contract is thought to be reciprocal, in this case with veterinarians and the public, and relies on qualities of social co-operation, fairness, and a common understanding of what each side owes the other. It is important to note that the social contract, like society, evolves over time. There is a need to recognize that although tied to moral values and commitments, the social contract is at its core a deeply personal relationship between the profession and the public.

### But is the Social Contract Still Reasonable?

The concept of social contract as outlined and its interactions with the practice of veterinary medicine is based on a society that has greatly shifted since it was first introduced. Self-regulation and oversight were designed at a time where independent professionals operating singularly owned businesses was the norm. Communities were largely confined to their geographical locations and animals were viewed much more as property than sentient beings. Since its introduction:

- There has been a move away from sole practitioners to team-based care;
- The level of reverence and respect that the public offers professionals such as veterinarians has greatly shifted away from prized community members towards professionals offering a service;
- Other veterinary professionals, such as registered veterinary technicians (RVTs), have been introduced and continue to advance in their training and skillsets;
- There has been an increase in the public ability to access information and options as well as increased ability for mobility;
- There has been an increased recognition of an animal owners' primary responsibilities;

## After-Hours Veterinary Care – Reference Two

- Social recognition of professional well-being and expectation for work-life balance has increased; and
- There has been an increased recognition of the negative effects of professional burden.

These changes have resulted in a drastically different landscape than when the initial system was created and have led to increasingly emerging questions and considerations related to its current applicability.

### Part C – After-Hours Veterinary Care Interpretations, Intersections, and Perceptions

The provision of after-hours veterinary care in Ontario is one area where expectations related to the social contract are prevalent. The rules related to the delivery of veterinary medicine in these circumstances are largely laid out but have also been subject to many intentional and unintentional interpretations, intersections, and perceptions since they were first introduced.

#### What Type of Expectation is After-Hours Veterinary Care in Ontario?

After-hours veterinary care is a professional obligation that is placed on each veterinarian in Ontario. This responsibility is tied to the individual veterinarian and not the accredited veterinary facility from which they practise. The provision of after-hours care is attached to both written and unwritten components of the social contract. Most formally, a veterinarian is legally required to abide by the expectations outlined in Regulation 1093, which state:

- 20.** (1) A member is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that he or she has recently treated or that he or she treats regularly. R.R.O. 1990, Reg. 1093, s. 20 (1).
- (2) The services required under subsection (1) may be provided by the member or an associate or by referral to another member who has agreed to cover the referring member's practice. R.R.O. 1990, Reg. 1093, s. 20 (2).
- (3) If a member provides services under subsection (1) outside of regular practice hours by referring an animal to an emergency clinic, the member is responsible for promptly continuing to provide medically necessary services to the animal after discharge from the emergency clinic until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member. R.R.O. 1990, Reg. 1093, s. 20 (3).
- (4) A member shall inform each of his or her clients as to how they can access services outside of the member's regular practice hours. O. Reg. 233/15, s. 14.
- (5) If a member changes the arrangements for accessing services outside of the member's regular practice hours, he or she shall promptly inform his or her clients of the changes. O. Reg. 233/15, s. 14.
- (6) The member shall keep records of every time information is provided under subsections (4) and (5). O. Reg. 233/15, s. 14.
- (7) If an animal is to be left in a veterinary facility after regular practice hours, the member treating the animal shall inform the client of supervision arrangements for that animal. O. Reg. 233/15, s. 14.
- (8) This section does not apply to a member who provides veterinary services in or from a temporary facility unless compliance with this section is required as a condition to the certificate of accreditation of the temporary facility. O. Reg. 233/15, s. 14.

## After-Hours Veterinary Care – Reference Two

These written expectations are further outlined in College policy, through the [Policy Statement: After Hours Care Services](#).

A veterinarian's responsibility to provide after-hours veterinary care is also connected to the concepts of the VCPR and informed client consent. Though not always directly intertwined in writing, the connections between after-hours veterinary care and these concepts are crucial and reflect the overarching system under which veterinarians are expected to practise.

In particular, the connection between after-hours veterinary care, the VCPR and informed client consent is crucial when a veterinarian is establishing and maintaining a VCPR. The VCPR is the foundation on which a veterinarian provides services, and its establishment signals to both the veterinarian and the client that there is a mutual understanding of what (and how) veterinary care will be provided. When intertwined with the rules outlined in Section 20 of Regulation 1093, this means that all established VCPRs require a veterinarian to provide reasonably prompt services outside of their regular practice hours if the services are medically necessary for an animal(s) or group of animals that they have treated recently or treat regularly. This is not a requirement that can be waived through informed client consent and is best viewed as one of the core pillars that upholds the current regulatory system.

### How Does After-Hours Veterinary Care Interact with Veterinary Facilities?

When the current approach to after-hours veterinary care was developed, the distinction between individual veterinarians and the facilities from which they chose to practice was more defined. A veterinarian was personally responsible for the quality and method of the care provided, and a veterinary facility was a tool designed to help facilitate the safe delivery of care. While this remains the case on paper, both written and unwritten approaches and assumptions have led to a blurring of these lines, and the responsibility for delivery of care has become increasingly associated with the facility itself. This association has been caused by several factors including:

- The creation of designated emergency facilities;
- College guidance permitting veterinarians to satisfy after-hours veterinary care requirements by creating arrangements with neighbouring veterinary facilities;
- The ability to refer after-hours veterinary care to other veterinarians and/or facilities;
- The emergence of urgent care centres in veterinary medicine, similar to human medicine;
- The general trend amongst both the profession and the public to associate the delivery of veterinary care with the facility instead of the practitioner; and
- The increase in use of team-based care resulting in the public receiving veterinary services from multiple providers at the same facility.

The identification of these factors does not seek to suggest that they are in themselves problematic. Many of these factors when used properly and consistently have resulted in greater access to care and have served the public interest. Instead, these factors are listed as potential explanations as to why veterinary facilities have come to be seen as providers themselves by both the profession and the public and to help spark conversation around the disconnect between rules and reality.

### Is After-Hours Veterinary Care and Emergency Care the Same Thing?

## After-Hours Veterinary Care – Reference Two

The terms “after-hours veterinary care” and “emergency care” have been used interchangeably within veterinary medicine for decades. When considering any differences between these two terms, it takes a concerted effort to separate one concept from another. After all, in human health care, conditions or ailments requiring care outside of regular office hours might be found in the emergency room. However, just like human health, not all veterinary emergencies happen after-hours.

Veterinary facilities associated with emergency services have increasingly found themselves as the first line of defence for clients and patients who cannot access the care that they believe is medically necessary in the timeframe that they believe is reasonable. When a “regular” clinic is booked for the day, clients and patients are more frequently finding themselves (either by their own choice or through referral) in emergency facilities to receive care. This increases demand on these facilities and raises questions around where the responsibility to care for these emergencies truly lies.

Tied to this is the even larger question around what qualifies as an emergency – and who gets to decide it. Certainly, a veterinarian is in the best position to make this decision from a medical standpoint, but does this mean that public expectation for expedited access holds no weight? Is now the time to define what an emergency truly is? If so – is it also time to more concretely outline where the responsibility lies for handling them?

Further, in seeking to better understand what qualifies as an emergency there is also the parallel need to determine whether the current rules surrounding after-hours veterinary care were designed solely for emergency purposes. The current wording suggests only that the required care be “medically necessary” and makes no reference to criticality. Does this remain reasonable?

### Part D – The People of It All

Outside of the overarching rules and structure that exists surrounding after-hours veterinary care, there are also personal aspects related to both the individuals who deliver these services and those who seek them.

#### Public Expectations and Professional Expectations – Understanding Shifts in Expectations and Realities

Expectations and realities amongst both the profession and the public related to the provision of after-hours veterinary care have shifted in some areas over the years and stayed in the same in others. Understanding these shifts may help to better humanize current considerations and assist in better defining the society that veterinary medicine in Ontario is seeking to serve.

#### Public Expectations

In general, the public continues to expect that a veterinarian be able to provide the care that their animal(s) or group of animals requires when they require it. Recently, these expectations have extended beyond the traditional confines of a VCPR to include individuals that do not have an active relationship with a veterinarian or veterinary facility but expect to be able to receive timely services should the need arise. This is especially true in emergencies (whether real or perceived).

## After-Hours Veterinary Care – Reference Two

Public expectation related to avoiding inconvenience in accessing veterinary services has also increased, with direct and on-demand access facilitated by the veterinarian continuing to be the preferred method of service delivery for many individuals. This is heightened by general societal expectations for services and products to be available to everyone at any time of day they may need them. A rise in emotional intensity particularly during and following the pandemic along with increasing views of animals as sentient or as family members have also led to an increased demand from the public in receiving things promptly. There have been some shifts in understanding the need for compromise between the veterinarian and their clients to provide sustainable care, but by and large the public continues to expect the larger portion of accommodation since they are paying for the services provided.

A noticeable shift in previous public mindsets comes with increasing willingness to engage with and be served by larger veterinary teams. Where previously the public expected and relied on delivery of care solely by veterinarians, modern society has become more accustomed to being seen by whichever practitioner can safely offer the required services. Tied to this is an ongoing interest in what types of care can be provided through virtual means, especially for those located in rural and remote areas. In this, there may be increasing demands for services not well-suited for virtual delivery, but overall, the public remains open to and interested in innovation.

### Professional Expectations

The veterinary profession has evolved greatly since the practice of veterinary medicine was first regulated. Veterinarians remain the primary clinicians, but other professionals, most notably RVTs, have emerged as highly skilled and essential members of the veterinary team. This has created a new dynamic amongst traditional structures, and more and more veterinarians are adopting a team-based approach to care delivery.

Societal evolution has also resulted in an increasing interest in obtaining a greater work-life balance, with more traditional views on professional practice giving way to a more holistic approach that embraces veterinary professionals as humans who value both clinical and personal success and wellness. Veterinary professionals have become more attentive to the hours they dedicate to practice and demands for more predictable and manageable schedules have become increasingly common.

This shift in mindset, however, has also resulted in a profession that is more particular in the services that it seeks to provide. Limited scopes of practice are becoming more common and reliance on referrals have become more commonplace as appetites for uncertainty have decreased. This has resulted in increased pressures on those in the profession who remain willing to provide less desirable or riskier services, which has in turn resulted in backlogs and shortages in available services for the public.

### Competitive Edge and Affordability

Shifting expectations, particularly from the profession, have also been impacted by business strategies and the desire to find a profitable balance between a having a competitive edge and providing affordable services. Despite the argument that veterinary medicine and its delivery is a professional service, it cannot be ignored that this service is provided by a business. This means that while they provide care to animals, veterinarians, particularly owners of veterinary facilities, must keep business practices and strategies in mind. Establishing a successful

## After-Hours Veterinary Care – Reference Two

business may be an important part of delivering veterinary medicine but it does raise the question: does a reliance on business strategies and profitability reduce or eliminate the ability for veterinarians to uphold the social contract in its truest sense?

When connecting business strategies and profitability to the social contract, it is important to consider the impact that one may have on the other. The two may not balance to the level in which veterinarians and the public may expect. The expectations of the social contract may not always intersect with the realities of profitable business practices, which could leave veterinarians in the position to decide between upholding the social contract to its highest degree or choosing to generate the most profit for their business.

This sentiment may be applied to the provision of after-hours veterinary care. Operating a facility after business hours, employing staff beyond business hours, and all other components of providing after-hours care come with a price for the business owner. This is a price that particularly in less densely populated areas, may not generate the profit required to run the business for these hours. Veterinarians are left to determine how best to meet the social contract, regulations, and policy requirements for after-hours care while still maintaining a successful business.

### Giving Burden a Name

Weaved throughout this paper is an overarching theme related to roles and responsibilities and - more importantly – who truly is responsible for carrying these burdens. Where once the answer may have been straightforward in full assignment to the professional, the shifting landscapes of animal care in Ontario have resulted in a much murkier reality. Certainly, the professional remains most equipped to deliver needed services, but if the public has come to expect more than what was first imagined or promised when the social contract was developed, is it now time to also question whether how the load is carried should be reimaged?

### Conclusion

As one of the oldest regulated professions in Canada, the practice of veterinary medicine has long been reserved exclusively for veterinarians. By earning this exclusive set of rights, veterinarians entered a social contract to act in the interests of society and its members. Approximately 150 years later, the society that formed the original social contract is not the same society today. While the social contract remains, it is different from its original formation and parallels the role and value of animals, both small and large, as well as the increasingly varied roles held by veterinarians and now veterinary teams.

In more recent years, changes have been happening incrementally and a number of transitions have occurred simultaneously. As innovative technologies become increasingly accessible, veterinarians and their teams have become capable of increasing efficiency, embracing telemedicine both inside and outside of the physical clinic or facility, and have developed new ways to deliver care inclusive of how after-hours services are provided. With an increasing shift towards a team-based model, one with the veterinarian having over-arching knowledge, but with greater inclusion of knowledge sharing and accountability for procedures and tasks, traditional delivery of care models are needing to adjust. The future will likely seek to recognize RVTs as partners in the delivery of after-hours veterinary care.